



Mid Valley General Agency LLC
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PERSONAL INLAND MARINE POLICY APPLICATION

Applicant's Name: _____
 Mailing Address: _____

 Permanent Address: _____

Agent Name: _____
 Agent Address: _____

 Agent Code: _____

Proposed effective date: From: _____ To: _____ 12:01 A.M., Standard Time at the mailing address of the applicant.

Private Dwelling Apartment Condominium Mobile Home Other : _____
(Describe)

How long have you lived at permanent address?.....

Protection class at permanent address: _____

Occupation of all members of household (describe in detail): _____

Number of years at present occupation:

Does applicant travel extensively?..... Yes No

Provide details: _____

Date of birth (attach medical statement if over 75): _____ Marital status: _____

COVERAGES

Item	Property	Amount of Insurance
1	Jewelry*	\$
2	Jewelry in Vault	\$
3	Furs	\$
4	Fine Arts	\$
5	Cameras	\$
6	Musical Instruments	\$
7	Silverware	\$
8	Contents in Mini Storage (Blanket limit, no scheduling)	\$
9	Describe Other:	\$

***If engagement ring, include ring wearer's information:**

Name of person: _____

How stored when not worn: _____

Occupation: _____

Date of Birth:..... _____

Additional Rating Information: _____

Explain all "Yes" responses in Remarks.

1. Any burglar alarms?..... Yes No

If yes: Local Central

2. Any safes?..... Yes No

If yes, enter type and location: _____

3. If condominium or apartment, is there security in the area? Yes No

4. Is property located within one mile of a coast? Yes No

5. Will any property be exhibited? Yes No

6. Is any property used professionally/commercially? Yes No

7. Are articles stored when not worn? Yes No

If yes, where? _____

8. Any other insurance with this company? Yes No

9. Did any loss occur during the last three years? Yes No

If yes, provide details: _____

10. Has any company canceled or refused coverage to the applicant (not applicable to Missouri or California)?..... Yes No

Enter explanation for canceled or refused coverage: _____

11. Previous insurance carrier (on scheduled items): _____

Policy number: _____ Expiration date: _____

If no previous carrier, explain why: (not applicable in Missouri or California) _____

12. Name of insurance company writing Homeowners: _____
 Dwelling limit: \$ _____ Personal Property limit: \$ _____

Provide a detailed description of each item, from whom purchased, etc. If additional space is required, please use a separate sheet. Be sure to attach all required appraisals/bills. If any item of jewelry is over \$25,000, please attach certified independent appraiser's report.

Item	Description	Purchase/ Appraisal Date	Amount of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$

Complete this section if there is property located in a ministorage warehouse.

- Ministorage name: _____
 Address: _____
 Locker number: _____
- If more than one locker, show property values in each locker below:
 No. 1: \$ _____ No. 2: \$ _____ No. 3: \$ _____
- How are premises secured? Security fence/gate Guard on premises Guard dogs
 Manager lives on premises Other: _____

QUESTIONS TO BE ANSWERED BY PRODUCER:

- Do you know the applicant personally? Yes No
 If yes, for how long? _____
- Do you handle other insurance for the applicant?..... Yes No
- Do you recommend the applicant?..... Yes No

PRIVACY POLICY: I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company or another Nationwide insurance company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any Nationwide company to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable to Iowa Agents Only)

PRODUCER'S SIGNATURE: _____ DATE: _____
(Applicable to New Hampshire Producers Only)